

INTERNATIONAL NORMALIZING RATIOS

The Board of Physical Therapy Examiners has discussed at length inquiries regarding the appropriateness of home health physical therapists in Maryland performing PT/INRs on joint patients. The inquiries have included questions as to who reports to the patient with instructions if the physician makes changes in medication or other orders.

While the Board has been consistent in its stance that blood draws are not within the scope of physical therapy, it is aware that technological advances have made the accessing of clinical information, such as blood clotting times measured on patients taking a blood thinner (Coumadin), a simple procedure. The board's key thought is that the new technologically advanced machines used to collect the data do not require skilled intervention. Although the use of these instruments is not within the scope of physical therapy, the clinical information produced by these instruments is a necessary adjunct to quality physical therapy services. Thus, if a physical therapist chooses to utilize such an instrument in order to obtain a PT/INR reading, for instance, the physical therapist must be trained and competent in the use of the instrument.

Physical therapists are not allowed to medically manage patients such as changing medications or dosages. The protocol is to contact the physician or nurse when a problem is noted. If the physician determines a change in medication is appropriate, the physician must in turn either contact the patient directly with instructions or contact the nurse case manager. In addition, if the Coumadin level is such that a blood draw is indicated, a physical therapist may not perform the blood draw. A nurse must be called in to draw the blood.